

## **CHAPTER OVERVIEW:**

This chapter describes the procedures for assisting a family in implementing their plan for change.

- 4.1 Providing Services
- 4.2 Time-Limited Services
- 4.3 Crisis Intervention Guidelines

Attachment A: Problem Pregnancy Services  
Attachment B: Emergency Assistance Services (EAS)  
Attachment C: Crisis Intervention Funds  
Attachment D: Missing Person Report Procedures

### **4.1 Providing Services**

Throughout the provision of treatment services, the Children's Service Worker should maintain a focused casework perspective. Contacts with the family are to be purposeful and goal-oriented.

Provide treatment services to the family by any of the following methods:

1. Direct services by the Children's Service Worker;

These include face-to-face contacts or telephone calls with family members, collateral, references, and community resources.

Related Subject: Section 1, Chapter 1.5, Roles and Responsibilities of Children's Service Worker.

The Children's Service Worker, depending on his/her abilities, can provide whatever services a family needs. Examples of direct services that the worker may need to provide are:

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;

- Providing individual counseling and/or family therapy;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;
- Providing "hard services" to meet basic needs of the family, such as securing food, shelter, and transportation; and
- Developing resources and making these resources available to the family for their ongoing support.

2. Referring the family to any available community resource or any support system identified by the family;

The Children's Service Worker should utilize all available community resources to help the family. This may require the use of purchased services. The worker will use community providers when he/she assesses that some, or all, of the services cannot be delivered directly.

3. Authorizing and managing the use of Children's Treatment Services (CTS);

Related Subject: Chapter 6, of this section, Working With Contracted Treatment Providers.
---

The Children's Service Worker should actively ensure that all purchased services are efficiently utilized. The individuals providing these services are considered additional members of the treatment team, which is under the overall direction of the worker.

4. Accessing Crisis Intervention Funds;

The Children's Service Worker should consider requesting crisis intervention funds for a family who is faced with a short-term crisis that, without intervention, may result in child maltreatment.

Related Subject: Chapter 5, of this section, Attachment C, Crisis Intervention Funds.
---

5. Re-assessing a family on an on-going basis, for strengths, needs, progress and risk;

The Children's Service Worker should continue to assess the strengths, needs, and progress of the family, and the safety of the child(ren) throughout the Family Assessment process and while the case is opened for Family Centered Services (FCS) or Family-Centered Out-Of-Home Care (FCOOHC). The worker should use the CS-16 to document re-assessment of the family and anytime the situation warrants.

6. Any combination of the above.

NOTE: Discuss with all clients the importance of primary and preventive health care, including the impact of planning the spacing of children on the health of the mother and the family, prenatal care, well-baby and postnatal care, and sexually transmitted diseases (STDs). Timely referrals shall be made and assistance provided in accessing care. Barriers to accessing the services may include lack of transportation, lack of knowledge, inadequate or no insurance, lack of service providers, access to clinical services (i.e., inconvenient clinic hours), etc. If barriers to these primary health care services persist, they shall be discussed in supervisory conference, in order to identify ways to overcome the barriers.

If no medical plan/provider has been chosen by the family, the county health department may be a resource for them. Assistance may be provided in creating a linkage between the family and the health department or medical plan/provider, i.e., accompanying them on the first visit. Transportation services are available through some county health departments to assist in accessing needed health services.

#### **4.2 Time-Limited Services**

Families have a right to be free of unnecessary interference. Division intervention into their lives will not be open-ended.

The purpose of intervention is to assist families in changing the conditions that bring harm to the child as quickly as possible. In doing this, consideration must be given to the emotional, sociological and environmental circumstances of the family and its members.

All efforts should be made to reduce risks and achieve case goals within one (1) or two (2) treatment periods. (A treatment period is defined as the time necessary to complete an assessment/reassessment and the subsequent Family Plan For Change.) A treatment period shall not exceed four (4) months (120 days), allowing a maximum thirty (30) days for the assessment/reassessment, and a maximum of ninety (90) days for the treatment plans.

Not all cases can be closed within one or two treatment periods. Services may be continued as long as necessary to achieve treatment goals and thereby reduce risk.

Case consultations and supervisory reviews are required to determine if clear justification exists for a case to remain open at the completion of a treatment period.

### **4.3 Crisis Intervention Guidelines**

A family is in crisis when they have reached a highly volatile, unstable situation. This "flash point" is beyond what is considered the general level of dysfunction. Families in crisis are at a turning point for better or worse. If immediate remedial intervention is not made, out-of-home placement of the child(ren) may be necessary.

Crises develop from "emotionally hazardous situations." Such situations occur when a shift in one's psychological environment alters relationships with others, or self-expectations, in ways perceived as negative. The resulting rise in stress motivates one to use coping mechanisms or problem-solving behaviors that help reestablish a balance, and to reduce or eliminate feelings of discomfort. The emotionally hazardous situation becomes a crisis when one cannot reduce the accompanying stress and there is a failure to cope effectively.

Because of this, families in crisis often have increased motivation to change. During this time, the Children's Service Worker has an opportunity to establish strong bonds with the family.

Crisis intervention is the provision of immediate services to reduce or defuse the current crisis and provide the family with information or skills to help them resolve future crises. The interventions of the Children's Service Worker must target the present circumstances. His/her goal is to remove the crisis through understanding and dealing with forces in the present, and to help the family return to a pre-crisis level of functioning. The worker must actively modify the environment, provide some structure, and induce change to prevent further disintegration of the family system.

In these instances, the worker should:

- Observe the child(ren) in the home to assess the child(ren)'s safety. This may require an unannounced home visit;
- Avoid excessive questioning and probing. This should allow family members to speak their mind and ventilate their feelings;
- Model calmness for the family;
- Use active listening skills with the family. These skills can be very helpful in releasing the feelings of the client and defusing highly emotional situations. Active listening requires the worker to:

- Attempt to identify how the family members might feel, by taking a guess at what the other person is feeling and thinking. Keep trying to understand the problem instead of trying to fix it;
  - Smile and maintain good eye contact;
  - Nod the head in response to the client and use phrases which lead to further discussion, such as, "Uh huh," and "tell me more";
  - Parrot or paraphrase what the other has said, such as, "What I hear you saying is...", "It seems to you..." or "I'm picking up that you...";
  - Be accurate when paraphrasing. Avoid overstating and understating;
  - Observe physical cues that might convey what the person is feeling; and
  - Reflect both feelings as well as the content, while paraphrasing what the client is saying.
- Respond appropriately to silences;
  - Use behavioral descriptions of the problem, not labels or jargon;
  - Assess if "hard" services, which address basic survival needs, can be delivered to remedy the immediate presenting problem(s). Problems within the environment of the family that pose an immediate threat must be considered. Examples of these problems are lack of food, housing, transportation, and employment. Crisis intervention funds may be a resource to address such problems. Providing services to address these problems sends a powerful message that there is hope and that the worker is a helping agent;
  - Help the family to temporarily restructure their environment so events which may cause discord are altered. This can often reduce the immediate risk to family members. An example of this might be to arrange time-out for a family member to allow a brief "cooling off" period, or to invite a friend or relative to the home to assist getting the children ready for bed if bedtime is usually a high stress period for the parent;
  - Assure the family that the worker is available to the family, if needed, and/or that he/she will return at a mutually convenient time.

MEMORANDA HISTORY: